

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT  
FOR  
DEPARTMENT OF AGRICULTURE WELLNESS PROGRAM

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out or sustained while participating in this program off of or away from State of Wyoming.

In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks however minor, of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program while off or away from State of Wyoming property. I further recognize and acknowledge that activities involving even slight or moderate exertion can be hazardous and involve some risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the Department of Agriculture Wellness Program against the State of Wyoming, any and all other participating or cooperating governmental units, officers, agents, servants and employees of the governmental bodies for any injuries that I might sustain while participating in the program off of or away from State of Wyoming property. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement).

I do hereby fully release and discharge the State of Wyoming and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me or my heirs, on account of my participation in the program off of or away from State of Wyoming property.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Name of Participant (please print) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_